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Under the Panerwork Reduction	Act of 1995	no narkons are required (O LUBBOOL	<u>d to a collection o</u>	f information unias	la ii dianiava a ve	ild OMB 6	outer transac	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (M.R. 4818).				piication Numb	er 09/770,205	09/770,285			
FEE TRANSMITTAL				ing Date	02/01/2001	02/01/2001			
For FY 2005			Fir	st Named Inver	tor KEMBLE	KEMBLE			
Applicant slaims awall antity status. See 27 CED 1 27				Examiner Name VL		VU, THANH T.			
Applicant claims small entity status. See 37 CFR 1.27				Unit	2174				
TOTAL AMOUNT OF PAYMENT (\$) 810.00			Att	omey Docket N					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 50-0951 Deposit Account Name: AKERMAN SENTERFITT									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES									
Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)						ild (\$)			
Utility	300	150 50		250	200 10	•			
Design	200	100 10	-	50	V .				
Plant	200	100 30	_	150		30 -			
Reissue	300	150 50	-	250	600 30	_			
Provisional	200		0	0	0	0 -			
2. EXCESS CLAIM FEES Foe Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25									
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									
Multiple dependent claims 360 180 Total Claims Extra Claims Eee (5) Fee Paid (5) Multiple Dependent Claims									
Total Claims Ex - 20 or HP = HP = highest number of total clai	tra Claims	×= _	ee Paid	——————————————————————————————————————	<u>Pee (3)</u>	res Paid	(\$)		
Indep. Ciaims Ex	tra Claims		ee Paid	<u>(\$)</u>		•	—		
- 3 or HP = x = x = HP = Nighest number of independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other: RCE AND 1 MON	IH EXTENS	NON OF TIME					910.0	3	
SUBMITTED BY									
Signature Sick	-V 11.	Am		istration No. 47	,652	Telephone 561-653-5000			
Name (Print/Type) BICHARD A	LULIDON			1. 1	-9	Doto DEIDAR	2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this term and/or suggessions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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